

1999 MONTANA SMALL BUSINESS CORPORATION TAX RETURN

MONTANA
Form CLT-4S
Rev. 8/99

Check if Applicable: <input type="checkbox"/> Initial Return <input type="checkbox"/> Final Return <input type="checkbox"/> Multistate Corporation	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="3">Name</td> </tr> <tr> <td colspan="3">Address</td> </tr> <tr> <td>City</td> <td>State</td> <td>Zip + 4</td> </tr> </table>	Name			Address			City	State	Zip + 4	FEIN: _____ Federal Business Code: _____ Incorporated in State of: _____ Date: _____ Date Qualified in Montana: _____
Name											
Address											
City	State	Zip + 4									
Reporting Method: <u>Cash</u> <u>Accrual</u> <u>Other (please specify)</u>											

1. Ordinary income (loss) from trade or business activities (FORM 1120S, page 1, line 21)	1	
2. Net income (loss) from rental real estate activities	2	
3. (a) Gross income from other rental activities 3(a)		
(b) Expenses from other rental activities (attach schedule) 3(b)		
Net income (loss) from other rental activities. (subtract line 3b from line 3a)	3	
4. Portfolio income (loss):		
(a) Interest income 4(a)		
(b) Dividend income 4(b)		
(c) Royalty income 4(c)		
(d) Net short-term capital gain/(loss) (attach Federal Schedule D) 4(d)		
(e) Net long-term capital gain/(loss) (attach Federal Schedule D) 4(e)		
(f) Other portfolio income 4(f)		
Total Portfolio Income	4	
5. Net gain (loss) under section 1231 (other than due to casualty or theft) (attach Form 4797)	5	
6. Other income	6	
7. Total lines 1 through 6	7	
8. Charitable contributions (attach schedule)	8	
9. Section 179 expense deduction (attach Form 4562)	9	
10. Deductions related to portfolio income/(loss) (you must itemize)	10	
11. Other deductions (attach schedule)	11	
12. Total lines 8 through 11	12	
13. Add: (a) Taxes based on income or profits 13(a)		
(b) Federal tax exempt interest 13(b)		
(c) Other additions (ATTACH DETAILED BREAKDOWN) 13(c)		
Total Montana Additions to Income	13	
14. LESS: Montana Reductions (ATTACH DETAILED BREAKDOWN)	14	
15. Income taxable to shareholders (line 7 - line 12 + line 13 - line 14)	15	
16. Multistate Taxpayers: line 15 X _____ % from Schedule K, line 5	16	
17. Multistate Taxpayers: income allocated directly to Montana	17	

☐ Check here, if you DO NOT need the Montana Small Business Corporation Tax Return and Instructions sent to you next year.

A COPY OF YOUR FEDERAL FORM 1120S MUST BE ATTACHED

Schedule K

Apportionment Factors for Multistate Taxpayers

A. EVERYWHERE

B. MONTANA

C. FACTOR

1. Property Factor:

Use average value for real and tangible personal property:

(B divided by A = C)

Land

Buildings

Machinery

Equipment

Furniture and fixtures

Inventories

Supplies and other

Rents X 8

TOTAL Property

2. Payroll Factor:

Compensation of officers

Salaries and wages

Payroll included in:

Cost of goods sold

Repairs

Other deductions

TOTAL Payroll

3. Sales (Gross Receipts) Factor:

Gross sales, less returns

Other (attach schedule)

TOTAL Sales

4. Sum of Factors (add lines 1, 2, and 3)

5. **APPORTIONMENT FACTOR** (1/3 of line 4; if less than 3 factors exist, see instructions)

(Enter here and on line 16, page 1)

Shareholder Information (See Page 4 of Instructions):

NAME	SOCIAL SECURITY #
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	

DECLARATION

The return must be signed by one of the following: president, vice-president, treasurer, assistant treasurer, or chief accounting officer. I, the undersigned officer of the corporation for which this return is made, hereby declare that this return, including all accompanying schedules and statements; is to the best of my knowledge and belief, a true, correct and complete return, made in good faith for the income period stated, pursuant to the Montana Corporation License Tax law and Regulation.

Signature of officer _____ Date _____

Name of person or firm preparing return _____ Date _____

Title _____ Telephone number _____

Address and Zip Code _____ Telephone number _____